| Issue Classification | |
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| Application No. | Applicant(s) | | | | | | | |
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| 10/617,554 | CASTILLON LEVA | NO ET AL. | | | | | | |
| Examiner | Art Unit | | | | | | | |
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| (Assistant Examiner) (Date) | | | | | e) | SAMU | IS. x | YH . | Total Claims Allowed: // | | | | |
| | (Legal Instruments Examiner) (Date) | | | | | | EL G. GIL RY EXAM ary Examiner) | IINEA 🔌 | 5730/e/ ate) | Print G | G claim(s) | O.G. Print Fig. | |

| Xc | Claims renumbered in the same order as presented by applicant | | | | | | | | ☐ CPA | | ☐ T.D. | | | ☐ R.1.47 | | | | | |
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| | 7 | | | 37 | | | 67 | | | 97 | | | 127 | | | 157 | | | 187 |
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